



Bib Data Sheet


UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

 Address: COMMISSIONER OF PATENTS AND TRADEMARKS
 Washington, D.C. 20231

SERIAL NUMBER 09/502,515	FILING DATE 02/11/2000 RULE _	CLASS 704	GROUP ART UNIT 2748	ATTORNEY DOCKET NO. 203665						
APPLICANTS Shawn D. Loveland, Redmond, WA ; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** 04/14/2000										
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials <u> </u>		STATE OR COUNTRY WA	SHEETS DRAWING 9	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3					
ADDRESS Leydig, Voit & Mayer, LTD. Two Prudential Plaza Suite 4900 180 North Stetson Chicago, IL 60601-6780										
TITLE Voice print access to computer resources										
FILING FEE RECEIVED 708	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> All Fees										
<input type="checkbox"/> 1.16 Fees (Filing)										
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)										
<input type="checkbox"/> 1.18 Fees (Issue)										
<input type="checkbox"/> Other _____										
<input type="checkbox"/> Credit										